



2014 Health Insurance Survey Instructions

General Information

- 2014 Health Insurance Survey is Due **6/1/2015**
- Please complete the survey electronically online on the DOI website.
- If no Idaho residents were covered by health insurance in 2014, please check the box or complete the online forms.
- If reporting for a newly licensed company in Idaho, contact information should identify the individual for point of contact if the Idaho DOI has questions about the survey. Any subsequent change in contact information must be reported via e-mail to the DOI.
- Report dollar amounts and numerical counts accurately using whole numbers.
- Premium and claim totals should balance with the NAIC Annual Statement state page for Idaho.
- Additional information is required for Associations and Trusts (Location of A or T and number of Idaho residents covered at the end of survey year).

Specific health related questions on the survey should be directed to Healthsurvey@doi.idaho.gov. Any other questions should be directed to:

Kathy McGill – 208-334-4300; email kathy.mcgill@doi.idaho.gov

Or

Scott Frost – 208-334-4277; email scott.frost@doi.idaho.gov

All surveys are subject to auditing. All premiums should reflect the NAIC annual statement. If figures do not reflect these totals, please provide an explanation of differences.

Part I – Individual/Group

Definition of Row Headings

- **ACA-Compliant** – A major medical health plan that incorporates all of the market reform requirements of the Patient Protection and Affordable Care Act (ACA), as amended by the Health Care and Education Reconciliation Act of 2010.
- **Accident or AD&D** – Coverage, singly or in combination, for death, dismemberment or hospital and medical care caused by an accident, including accident only, travel accident, accidental death and dismemberment or blanket accident.
- **Administrative Services Contract** – Administrative services for a self-funded employer, association or other entity's health plan, in which claims are paid from the insurer's own bank account and the insurer subsequently receives reimbursement from the self-funded entity.
- **Administrative Services Only** – Administrative services for a self-funded employer, association or entity's health plan in which claims are paid from a bank account owned and funded directly by a self-funded entity or claims are paid from a bank account owned by the administrator but only after receiving funds from the self-funded entity.
- **Association** – A policy issued to an association, regardless of situse of contract or association, which covers at least one Idaho life.
- **Blanket** – Accident and sickness insurance covering groups of persons pursuant to Idaho Code §41-2006 (excluding accident only).
- **Bronze** – ACA-compliant health plan in the individual or small group market which, on average, has an actuarial value of 60%.
- **Catastrophic** - ACA-compliant health plan in the individual market which, on average, has an actuarial value of less than 60% and is only available to individuals under age 30 or who qualify for a hardship exemption.
- **Dental** –All Dental Plans.
- **Direct** – Coverage marketed by carrier and delivered to the consumer through mail, online services, or other non-traditional means.
- **Disability Income** – Loss of time coverage, but does not include credit disability.
- **Federal Government Benefit Plans** – The federal employee health benefit plan as administered by the U.S. Office of Personnel Management.
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- **Gold** - ACA-compliant health plan in the individual or small group market which, on average, has an actuarial value of 80%.
- **Group** – Insurance issued to an employer covering employees and any dependents including insurance offered to an employer through an association or trust.
- **Grandfathered** – Major medical health plan in effect on March 23, 2010 which has not been significantly changed since that date and is exempt from most of the market reforms of the ACA.

- **HSA Compatible Health Benefit Plan** – High deductible plan that may be utilized with a qualified tax advantage medical savings account.
- **Health Benefit Plan** – Coverage for hospital, medical and surgical expenses (not supplemental coverage but may include dental and vision benefits that are offered as part of the hospital, medical and surgical coverage). Do not include hospital only, medical only or other limited benefit insurance in this line (include in the **Limited Benefit line**).
- **Health insurance** - Disability insurance as defined in Idaho Code §41-503.
- **High Risk Plan** – (HRP) An individual basic, standard, catastrophic A, catastrophic B or HSA compatible health benefit plan established pursuant to Idaho Code §41—5511. The individual must meet the eligibility requirement of Idaho Code §41—5511(1).
- **Hospital Indemnity** – Designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement
- **Individual** – Insurance issued to cover an individual and any dependent(s), which is not employment based, including insurance offered to an individual through an association or trust. Individual insurance includes conversions from group insurance.
- **Large Employer (101+)** – Health insurance offered, delivered, issued for delivery or renewed to an employer that is not a Small Employer or Mid-size Employer.
- **Limited Benefit** – A policy or contract other than a policy or contract covering only a specified disease or diseases that provides benefits that are less than minimum standards defined in IDAPA 18.01.30.029.01, Individual Disability and Group Supplemental Disability Insurance Minimum Standard Rule. Do not include specified disease insurance in this line (include in **Specified Disease** line). This benefit would be supplemental only to any other health benefit plan.
- **Long Term Care** – Coverage for at least twelve consecutive months for diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services, impairment or loss of functional capacity. This line should include products providing only nursing home care, home health care, community based care or any combination.
- **Long Term Disability.** – Replaces a portion of the policy holder's salary for an extended period of time. The specific percentage of replaced income varies with different policies.
- **Major Medical** – A non-group policy of accident and sickness insurance that provides hospital, medical and surgical expense coverage.
- **Medicare Advantage** – (Title XVIII) Includes HMO, PPO, Fee-for-Service Plans, MSA and Medicare special needs.
- **Medicare Part D** – Coverage designed for reimbursement of prescription drug benefit under Medicare.
- **Medicare Supplement** – Coverage designed as a supplement to reimbursement under Medicare for hospital, medical or surgical expenses of a person eligible for Medicare.
- **Mid-size Employer (51-100)** – **Health insurance offered, delivered, issued for delivery or renewed to an employer that is not a Small Employer, that employed an average of not more than one hundred eligible employees on the business days during the**

preceding calendar year, and that employs not more than one hundred eligible employees on the first day of the health insurance plan year.

- **Multiple Employer Association or Trust** – Health insurance issued to an association or trust covering employees and dependents of employer members. Health insurance issued to an association or trust covering only persons not covered by employment based insurance is to be reported in the Individual survey portion.
- **Other HSA Compatible Health Benefit Plans** – Other HSA Compatible Health Benefit Plans that do not fall into the High Risk Plan category.
- **Other** – Health insurance coverage that does not meet one of the above product definitions. Provide a brief description of the product on the survey. Please be as specific as possible.
- **Platinum** - ACA-compliant health plan in the individual or small group market which, on average, has an actuarial value of 90%.
- **Short Term Medical** – Non-renewable coverage issued for a period of twelve months or less.
- **Short Term Disability** – Replaces a portion of the policyholder’s salary for a short period – typically from three to six months following a disability. The specific percentage of replaced income varies with different policies.
- **Silver** - ACA-compliant health plan in the individual or small group market which, on average, has an actuarial value of 70%.
- **Small Employer (2-50)** – Health insurance offered, delivered, issued for delivery or renewed to an employer that employed an average of at least one but not more than fifty eligible employees on the business days during the preceding calendar year and that employs at least two but not more than fifty eligible employees on the first day of the health insurance plan year.
- **Specified Disease** – Coverage for diagnosis and treatment of a specifically named disease, such as cancer.
- **Stop Loss/Excess** – Coverage purchased by a self-funded entity (such as an employer, association or trust) to cover hospital, medical or surgical expenses in excess of a specified amount.
- **Student Health Plan.** – Individual health insurance coverage provided pursuant to a written agreement between an institution of higher education and a health insurance issuer.
- **Transitional** – Non-grandfathered individual or small group health plan in existence on December 31, 2013, which is exempt from many of the market reforms of the ACA, and which may be renewed through plan years beginning on or before October 1, 2016, but may not be offered to new enrollees after 2013.
- **Trust** – A policy issued to a trustee, either situated in this state or any other state, established by 2 or more employers in the same or related industry or one or more labor unions where the trustee is the policyholder to insure employees of employers or labor unions.
- **Vision** – Stand-alone vision coverage.

Definition of Column Headings

Number of policies is the number of insurance contracts issued to employers, associations and trusts in Idaho, not the number of employees, dependents/spouses or other individuals covered under such policies.

Number of covered individuals is the number of employees, dependents and other individuals covered under group policies.

- **Allowed Under Contract** – The amount the insurer pays under the insurance contract.
- **Billed Provider Charges** – The amount that the provider billed for the services provided.
- **Direct Losses Paid** – The sum of all payments made during the reporting period for claimants under a benefit plan before reinsurance has been ceded or assumed. The term does not include home office and other overhead costs, advertising costs, commissions and other acquisition costs, taxes, capital costs, administrative costs, utilization review costs or claims processing costs.
- **Direct Premium** – All premium collected by the insurer before reinsurer premiums are deducted.
- **Earned Premium** – Earned premiums during the reporting year as reflected on NAIC annual statement, with the exception of association, trust or group blanket policies that were issued and/or situated in another state with insureds in Idaho. In those instances where premium has been reported in another state, the premium attributed to the Idaho residents should be added to what was reported in the annual statement.

For property and casualty insurance companies, earned premium and direct premium totals should balance to the Idaho State Page for the reporting year, Accident and Health lines including any employer or stop loss that is reported in the liability lines.
- **Individuals Covered End of Year** – Number of people covered under policies in force on December 31 of the reporting year including those Idahoans covered under an employer, trust or association policy in force in another state. For example, a family policy covering two parents and two children would count as four individuals covered and an employer health plan that covers 25 employees, 20 spouses and 20 children would count as 65 individuals covered (1 policy).
- **Member Months** – The sum of the number of covered lives on a specified day of each month during the calendar year, (i.e., determine the number of covered lives on a particular day in each of the 12 months and add together).
- **New Policies Issued During the Year** - Number of policies newly issued during the reporting year not including renewed or reinstated policies.
- **Policies In Force End of Year** – Number of policies in force on December 31 of the reporting year. In the case of employer, trust or association health coverage, if no policies are in force in Idaho, but individuals in Idaho are covered under an employer, trust or association policy in force in another state, record the number of out of state policies covering one or more Idaho residents in force.

- **Policies Terminated During the Year** – Number of policies terminated during the reporting year.
- **Rescissions** – Voiding of an insurance contract at date of issue by the insurer because of intentional material misrepresentation on the application for insurance. The policy is treated as never having been issued and the sum of all premiums paid plus interest, less any claims paid, is refunded.

Part II –Claim Payment Data

- **Claim** – A request for payment under an insurance contract. Count multiple requests for payment for the same health care service or supply as only one claim. Do not count a response to a request for additional clarification/information regarding an already submitted claim as another claim
- **Clean Claim** – A claim that does not have a defect, impropriety or circumstance requiring special treatment that precludes timely payment on the claim.
- **Appealed claim** – A claim that is currently or was under review by an appeal agency as provided within the insurance contract.

Part III - Other Health Insurance Plan Data

- For group excess loss insurance or other types of Group Health Plans for, **Group Policy** – A contract of health insurance made with an employer or other entity that covers a group of persons as a single unit as the policyholder. It is not individual health coverage which is issued or delivered in Idaho for coverage, including out-of-state master policies where certificates of insurance are issued or delivered to Idaho residents.
- **Individual Policy** – A policy which provides protection to the policyholder and/or their family and which is not employment related.
- **Total # Covered Lives** – For the purposes of this inquiry the term covered lives includes:
 - **Persons covered under a group health insurance policy evidenced by a certificate of insurance where the certificate of insurance is issued or delivered and renewed in Idaho, or issued or delivered and renewed in another state and covering Idaho residents.**
 - **Persons covered under an individual health insurance policy or group health insurance policy issued or delivered in and renewed in Idaho, or issued or delivered and renewed in another state and covering Idaho residents.**
 - **Persons protected, in part, by a group excess loss insurance policy or stop loss coverage where the policy or certificate of coverage has been issued or**

delivered in and renewed in Idaho, or issued or delivered and renewed in another state and covering Idaho residents.

- **Total # Covered Lives as of December 31st** – For the purposes of this inquiry the term covered lives includes:
 - **Persons covered under a group health insurance policy evidenced by a certificate of insurance where the certificate of insurance is issued or delivered in and renewed in Idaho, or issued or delivered and renewed in another state and covering Idaho residents.**
 - **Persons covered under an individual health insurance policy or group health insurance policy issued or delivered in Idaho, or issued or delivered and renewed in another state and covering Idaho residents.**
 - **Persons protected, in part, by a group excess loss insurance policy or stop loss coverage where the policy or certificate of coverage has been issued or delivered in Idaho, or issued or delivered and renewed in another state and covering Idaho residents.**

Part IV – 2014 Idaho Reporting Forms

See forms for Instructions and any due dates.

- Long-Term Care Rescission Reporting Form for State of Idaho For year 2014
(Due March 1)
- Form For Reporting Medicare Supplement Policies **(Due March 1)**
- Medicare Supplement Refund Calculation Form for Calendar Year 2014 **(Due May 31)**
- Long-Term Care Claims Denial Reporting Form **(Due June 30)**
- Long-Term Care Insurance Replacement and Lapse Reporting Form **(Due June 30)**